

BHC Quarterly Meeting

1/17/23

BUENA VISTA

NEW CASTLE, DE



Welcome

Lt. Governor
Hall-Long

10:00

- Announcements
- Approval of Minutes
- Story of Recovery: Michael Baylock

UPDATE

Prescription Opioid Settlement Commission

- Susan Holloway

10:15

Working with Schools and Providers for More Effective Prevention

- Sandi Syglowski and Kiera McGillivray;
Education and Prevention EP10 SubCommittee

BHC EP10 Recommendations

December 2022





Overview

- Background Information
- Survey Overview
- School-Based and Pediatric Respondent Overview
- Survey Outcomes:
 - Use of screening tools in schools and pediatric primary care offices
 - Beliefs about mental health challenges in schools and pediatric primary care offices
 - Beliefs about screening for specific behavioral and mental health challenges in schools and pediatric primary care offices
 - Beliefs about barriers to screening in schools and pediatric primary care offices
 - Existing approaches to screening
- Recommendations



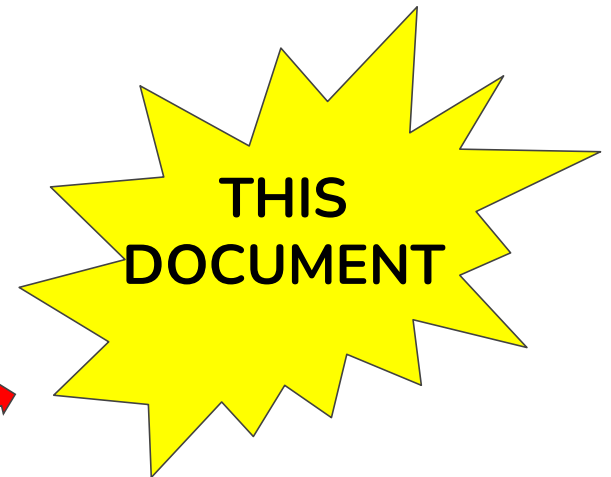
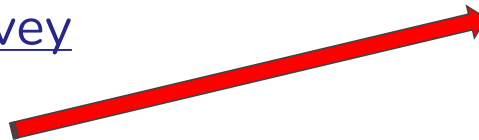
Background Information

Education and Prevention Goal (EP10):

To develop a set of recommendations that support universal behavioral and mental health screening practices in schools, pediatrician offices, and emergency departments.

Outputs:

- [Logic Model](#)
- [School-Based Survey](#)
- [Primary Care Pediatric Survey](#)
- **Set of Recommendations**





Survey Overview

- Key stakeholder groups:
 - District and School Leaders
 - Pediatricians
- School-Based Survey conducted from November 2021-February 2022
- Pediatric Primary Care Survey conducted in March 2022-April 2022
- Survey Goal: Results from this survey were used to help the BHC understand school-based and pediatric primary care beliefs and experiences with universal behavioral and mental health screening practices

*Based on the data collected and workgroup feedback, we did not find it necessary to survey the Emergency Departments at this time.



School-Based Survey Respondent Overview

- 33 responses for general screening questions
- 19 responses for school-level questions
- 7 responses for screening specific questions
- Most of the respondents worked in New Castle County (69.70%)
- Fairly equal representation across grade levels served
 - Preschool (13.33%)
 - Elementary school (30.67%)
 - Middle school (26.67%)
 - High school (23.33%)

Method of survey distribution: *District/School surveys administered through Qualtrics*
Shared via Principal's Memo; Special Education Director Meeting; PBS Cadre



Pediatric Survey Respondent Overview

- 41 responses for general screening questions
- Most of the respondents worked in New Castle County (68.29%) and Sussex County (17.07%)
- Majority of pediatricians have been practicing over 5 years (82.93%)
- Most respondents work in a pediatric practice (65.85%)
- 61.11% of respondents reported practicing integrated behavioral health care

Method of survey distribution: *Pediatric surveys administered through Qualtrics*
Shared via American Academy of Pediatrics, Delaware Chapter



School Leader Use of Screening Tools

% of school leaders who report using a screening tool:

- Yes: 39%
- No: 44%
- Don't know: 17%

Screeners	# Districts/Charters Reported Use
Pass for Schools (PASS)	4
Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)	1
Satchel Pulse Culture and Climate School Survey Tool	2



School Leader Beliefs about Mental Health Challenges in Schools

% who agree or strongly agree with the following:

- 93% agree that behavioral and mental health challenges are sufficiently addressed within their school or charter
- 67% believe that student behavioral and mental health challenges are a concern within their district/charter
- 100% believe that addressing behavioral and mental health challenges should be a priority within their district/charter
- 100% believe that including universal behavioral and mental health screening is an important first steps toward addressing behavioral and mental health challenges in their district/charter



School Leader Beliefs about Screening for Specific Behavioral and Mental Health Challenges

- Top 3 “extremely appropriate” categories to screen for:
 1. General Behavior Risk
 2. Internalizing Behaviors
 3. Self-Esteem/Self-Concept
- Lowest 3 “extremely appropriate” categories to screen for:
 1. Eating disorders
 2. Substance Use
 3. Decision-Making Skills



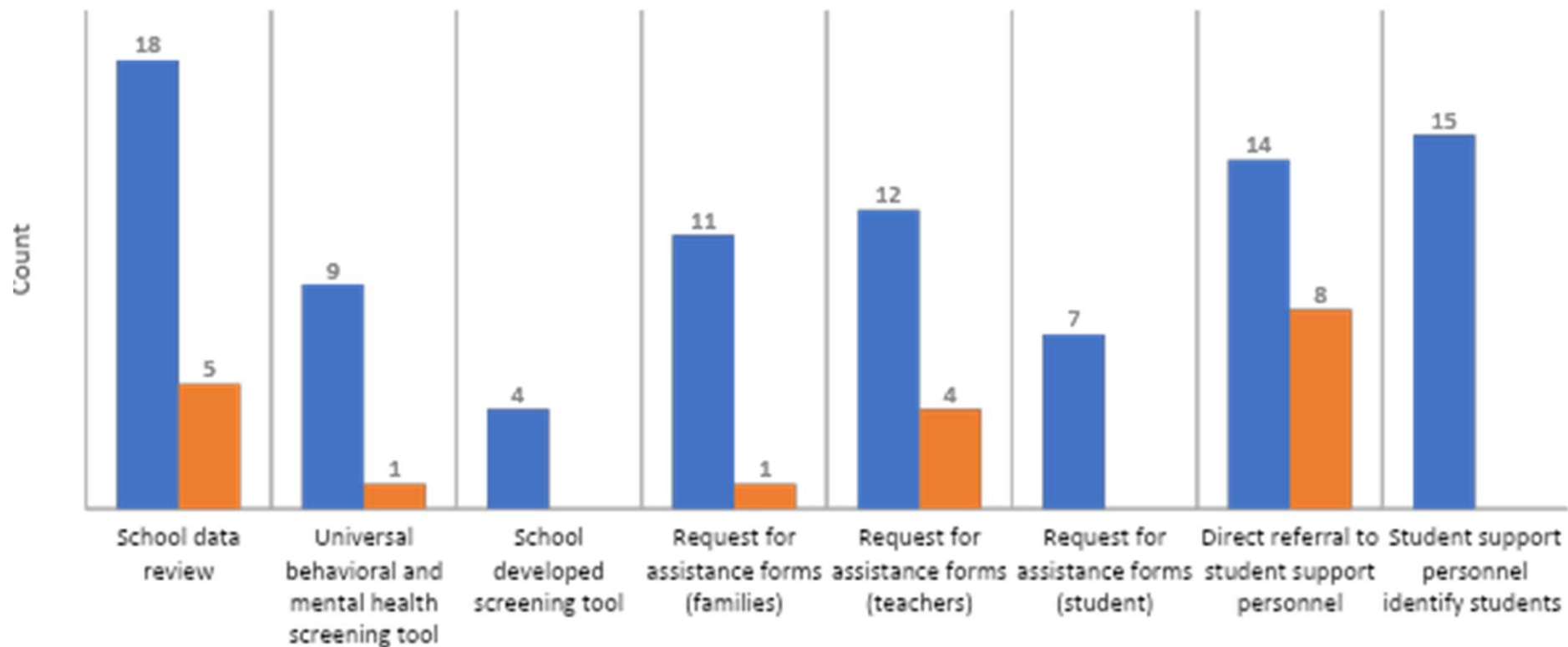
School Leader Beliefs about Barriers to Screening

% who believe they will have a difficult or extremely difficult time with the following:

- Access to interventions: 66%
- Training and professional development regarding screening: 59%
- Selecting the right screener: 48.27%
- Buy in from school community: 44.83%


Existing Approaches to Student Identification

■ In Use ■ Most Often Used





Pediatrician Use of Screening Tools

- **75%** of pediatricians reported using a Behavioral or Mental Health Screener with Children **Ages 10-13**
- **86%** administer the screener annually
- Most frequent ages screened are:
 1. 12 years
 2. 13 years

This identifies the need for 10 & 11 year olds to be screened
- Reported Purpose of Universal Behavioral and MH Screening Tools
 - Identification of needs for referral services: 69.7%
 - Measurement of treatment outcomes: 24.24%



Pediatrician Use of Screening for Specific Behavioral and Mental Health Challenges

Most behavioral and mental health challenges screened:

1. Depression
2. Threat to harm self (e.g., suicidality)
3. Substance use
4. Anxiety
5. Attention

Least behavioral and mental health challenges screened:

1. Aggression
2. Misconduct (e.g., breaking rules)
3. Decision-making skills
4. Self-regulation



Pediatrician Use of Screening for Specific Behavioral and Mental Health Challenges

Screeners in Use	Routinely	Targeted	Both
Patient Health Questionnaire for Adolescents (PHQ-A)			X
General Anxiety Disorder (GAD-7)			X
Patient Health Questionnaire (PHQ-9)	X		
Screen for Child Anxiety Related Disorders (SCARED)		X	
Strengths and Difficulties Questionnaire (SDQ)	X		
Mood Disorder Questionnaire (MDQ)		X	
Eating Disorder Examination Questionnaire (EDE-Q)		X	

Pediatrician Beliefs about Behavioral and Mental Health Challenges in Primary Care Offices

Pediatrician beliefs about mental health challenges in primary care offices.	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Child/adolescent behavioral and mental health challenges are a concern within my pediatric primary care office.	0	0	2	35
	0%	0%	5.41%	94.59%
Child/adolescent behavioral and mental health challenges are sufficiently addressed within my pediatric primary care office.	3	14	14	6
	8.11%	37.84%	37.84%	16.22%
Addressing child/adolescent behavioral and mental health challenges should be a priority within the pediatric primary care office.	0	1	8	29
	0%	2.63%	21.05%	76.32%
Including child/adolescent behavioral and mental health in screening procedures is an important step toward addressing the overall well-being of a child.	0	0	6	32
	0%	0%	15.79%	84.21%

N=37; For some variables, percent adds up to less than or greater than 100 due to rounding.

Pediatrician Beliefs about Barriers to Screening

Perceived Barriers to Universal Behavioral and Mental Health Screening	Percent
Reimbursement	14.63%
Allocating resources (fiscal and staffing) to support the screening process	14.02%
Defining roles and responsibilities of all staff involved in the screening process	9.76%
Addressing ethical and legal/liability considerations (e.g., parental consent and child assent; communication; confidentiality)	6.71%
Selection of the right standardized screener(s) for your pediatrician office (contextual fit)	11.59%
Training and professional development regarding screening (administration, data analysis, decision making, intervention)	

Multiple response variable; responses and percent greater than the sample size.



Recommendations to BHC

- Special Project for implementing the recommendations
- Funding for:
 - Coordinator Position(s) to oversee project
 - Database development and/or implementation
 - Training
 - Screening tool (if needed)
- Committee development for communication needs for stakeholders
- Develop a Statewide referral system platform and database (ie: EHR for ALL stakeholder groups) to enhance processes and procedures; learn from the implementation of current projects (see later slides)
- Advocacy
- Legislation if needed to support recommended changes



Communication and Collaboration

For Peds	For schools	To BHC
<p>Communication w/ school</p> <ul style="list-style-type: none">- Learn about MTSS- Learn more about specific screening tools and/or processes already being used	<p>Communication</p> <ul style="list-style-type: none">- Learn more about specific screening tools and/or processes already being used with the school-based problem solving teams	<p>Facilitate opportunity for a <i>formal committee(s)</i> for ongoing communication and collaboration</p> <ul style="list-style-type: none">- Maybe regionally based- Maybe District/Provider based
<p>Parent/legal guardian involvement to be included in communication, planning, and collaboration.</p>		



Processes and Procedures

For Peds	For schools	To BHC
Develop screening implementation processes and procedures w/ School involvement	Develop screening implementation processes and procedures w/ Peds involvement	Develop/implement statewide database and system to enhance processes and procedures, non-duplication of services, and integrated care
Develop screening and referral system that coordinates screening, referral and services between pediatrician providers, schools, and mental health service providers		
Parental involvement to be included in developing all processes and procedures.		



Training

For Peds	For schools	To BHC
Continued training on how to identify, select, and conduct SEB screening tools		Funds and people to provide statewide training to all stakeholders
Training on use of statewide database and system		Funds and people to provide statewide training to all stakeholders
Parental involvement to be included in training efforts.		



Advocacy

- Provide opportunities for stakeholders and others to understand importance of screening measures and needs of children ages 10-13
- Workforce Development: Advocate for state incentives to bring in more mental health professionals to serve children and youth (school AND community)
- Buy-in from stakeholders (school, pediatricians, mental health service providers, parents) on the need for an interconnected system framework that enhances collaboration and systems to support better identification and easier access to mental health services
- Consent issues to be removed as a barrier to access of mental health services (single consent form process to be developed); legislation for safety of consumers and service providers
- Develop statewide database and system to enhance processes and procedures, non-duplication of services, and integrated care



Current Supporting Initiatives

Policy and Regulations	Initiatives
House Bills 100, 300, 301	CHADIS: Care Coordination Program Pilot-tool to facilitate communication*
House Concurrent Resolution HCR 54	DOE Database Development RFP Opportunity*
MTSS Regulation 508	Redding Consortium: Equity Dashboard (City of Wilmington, NCC)*

* denotes the ability to learn from these initiatives to help inform development in this project



Recommendations to BHC

- Special Project for implementing the recommendations
- Funding for:
 - Coordinator Position to oversee project
 - Database development
 - Training
 - Screening tools (if needed)
- Committee development for communication needs
- Develop a Statewide referral system platform and database (ie: EHR for ALL stakeholder groups) to enhance processes and procedures
- Advocacy
- Legislation if needed to support recommended changes

Questions and Feedback





EP10 Committee Members

State, Community, and other EP10 Members	Education Members	Pediatric Members
Kiera McGillivray Sandra Syglowski Becky King Dionne Cornish Adam Chafee Katie Salamon Rochelle Lazorchak Aileen Fink Theresa Vial Janice Barlow Stephanie Dunbar Regina Johnson	Niki Kendall Teri Lawler Jon Cooper Linda Smith David Peres Sabra Collins Denise Buffin Jenn Davis Adriana Ignudo Courtney Casperson	Joseph Hughes Madie Moses Richard Margolis Aguida Atkinson Mindy Webb Mark Borer Meghan Lines Megan Hayes Shawna Mayles

COMMITTEE UPDATES

Changing Perceptions and Stigma

Corrections and Law
Enforcement

Education and Prevention

Data and Policy

Family and Community
Readiness

Access and Treatment

(BHC Questions)

10:55

Priority	Progress Status				Comment
	Done	In process	Not started	Other agency or group doing this	
Assess community member priorities on changing perceptions		X		No	Began conversations about importance of assessing community member priorities, and potential methods to assess
Educate committee members on stigma so they can share with organizations		X		No	Presentation on stigma on 10/27, and will continue to share resources with the group.

COMMITTEE UPDATES

Changing Perceptions and
Stigma

**Corrections and Law
Enforcement**

Education and Prevention

Data and Policy

Family and Community
Readiness

Access and Treatment

(BHC Questions)

11:00

Priority	Progress Status				Comment
	Done	In process	Not started	Other agency or group doing this	
Behavioral Health Training for Corrections		Yes		Yes -DOC	NAMI has done CIT but DOC went in a different direction. Unsure what that is. They have done other types of BH trainings but it has been a while since they have reported to our committee on their new trainings.
Improved partnership between schools and police on trauma informed training.	Yes	Yes		DOE and DSP	DOE and DSP partnered to bring trauma informed training to LE in Sept of 2021. Train the trainer was also done. Training continues.
Medicaid status shifted from termination to suspension	Yes			Unsure	Completed
Standardize post prison discharge treatment and wrap-around services, including housing		Yes		Yes-DOC, DSAMH and Housing	Agencies outside this committee have been addressing this issue with some changes taking place
Study post arrest avenues that would restore an individual's rights who have a behavioral health diagnosis, to increase access to medical services/medication jobs etc.		Yes		Everyone	On-going and complicated.
Police Drug Diversion	Yes	Yes		LE agencies	NCCPD, DSP, and other municipal agencies have started drug diversion and mental health programs. More to do. Court system has also made changes to drug court.
Allocate funds to assist diversion programs		Yes		Gov and Funding agencies	Sustainable funding is important. County and Municipal agencies are working off of grants.
Evaluate and develop Veterans response training	Yes	Yes		NAMI	VRT training is done twice a year for CIT trained LE. Advanced training is coming.

COMMITTEE UPDATES

Changing Perceptions and
Stigma

**Corrections and Law
Enforcement**

Education and Prevention

Data and Policy

Family and Community
Readiness

Access and Treatment

(BHC Questions)

11:00

New Priorities for Action your committee would like to consider		
Task/Activity	Agencies	Notes
Assist LE and the community to address crisis and mental health concerns by exploring/addressing the below areas:	LE, DSAMH (CIS), Youth?, Hosp ER's, RI, ACT/CRISP?	Explore option to utilize RI for CIS work
• In-person response by CIS		
• CIS to provide crisis services to juveniles, adults with dementia and developmentally disabled.		
• Improve amount of crisis beds and utilization for all populations.		One-stop-shop possibilities
• CIS/DSAMH to provide referral and follow-up and case management for clients.		Refer
• Improve wait time for ACT/CRISP teams		
• Explore Options for housing for those who suffer from SPMI.		
Assist LE and the community by providing services to those who have a SUD by addressing/exploring the areas below:		
• Establishment of substance abuse diversion programs within LE agencies.		Care Managers working from agencies
• Post-arrest diversion in court system		
• Increase stabilization beds and increase access to private facilities		
Provide sustainable Crisis Intervention Team (CIT) training and programs to LE and allied agencies.		
• Increase amount of training		
• Increase follow-up CIT training		
Provide Oversight of behavioral health system		

COMMITTEE UPDATES

Changing Perceptions and Stigma

Corrections and Law Enforcement

Education and Prevention

Data and Policy

Family and Community Readiness

Access and Treatment

(BHC Questions)

11:05

Priority	Progress Status				Comment
	Done	In process	Not started	Other agency or group doing this	
EP 11- Address SUD concerns of restaurant and construction industries		X		DPH	<ul style="list-style-type: none"> Restaurant Accolade program underway and growing
EP10-Implement prescreening tools for ages 10-13, which will assist with the early detection of mental illness and substance use disorder.		X			<ul style="list-style-type: none"> Special Project for implementing the recommendations Funding for: <ul style="list-style-type: none"> Coordinator Position to oversee project Database development Training Screening tools (if needed) Committee development for communication needs Develop a Statewide referral system platform and database (ie: EHR for ALL stakeholder groups) to enhance processes and procedures Advocacy/Legislation if needed to support recommended changes

New Priorities for Action your committee would like to consider
SUD Education in Schools
Parent Involvement with SUD Education/Awareness
Expand SUD education in schools to include peer to peer (teen health ambassadors) education through HOSA and/or health career pathways

Regarding EP10:

- Assistance with special project implementation and funding that supports universal behavioral and mental health screening practices in schools, pediatrician offices and emergency departments.
- Develop a Statewide referral system platform and database to enhance processes and procedures; learn from the implementation of current projects.
- Identifying and coordinating resources necessary to support children and families in need of additional intervention, to include the hiring of appropriate healthcare professionals with needed level of training.
- Address stigma of universal screening through education/advertising.
- Advocacy/Legislation to support needs.

COMMITTEE UPDATES

Changing Perceptions and
Stigma

Corrections and Law
Enforcement

Education and Prevention

Data and Policy

Family and Community
Readiness

Access and Treatment

(BHC Questions)

11:10

- Current Priorities
- New Priorities for Action (if any) your committee would like to consider.

COMMITTEE UPDATES

Changing Perceptions and
Stigma

Corrections and Law
Enforcement

Education and Prevention

Data and Policy

**Family and Community
Readiness**

Access and Treatment

(BHC Questions)

11:15

Priority	Progress Status				Comment
	Done	In process	Not started	Other agency or group doing this	
Establishing priorities based on retreat in the fall.		X			
Family awareness of behavioral health.		X			
Family awareness of behavioral health.		X		X	In collaboration with the Corrections and Law Enforcement Committee. Based on models from other states (Arizona, etc.).

New Priorities for Action your committee would like to consider	
New Priority	Comment
Join in on an effort with Chuck at the Corrections and Law Enforcement Committee for establishment of a robust crisis system.	Educate families about the crisis system so they can get the support they need.
Monitor for receptiveness and responsiveness.	To give crisis response the best resources they need and to assist people as quickly as possible, inclusive of people with autism and dementia.

COMMITTEE UPDATES

Changing Perceptions and
Stigma

Corrections and Law
Enforcement

Education and Prevention

Data and Policy

Family and Community
Readiness

Access and Treatment

(BHC Questions)

- Update on what their organizations are seeing with Xylazine
- Current Priorities
- New Priorities for Action (if any) your committee would like to consider.

11:20



DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

THE DELAWARE PSYCHIATRIC CENTER

REPLACEMENT FEASIBILITY STUDY

SENATOR STEPHANIE HANSEN
PRESENTATION TO THE BEHAVIORAL HEALTH CONSORTIUM



HISTORY

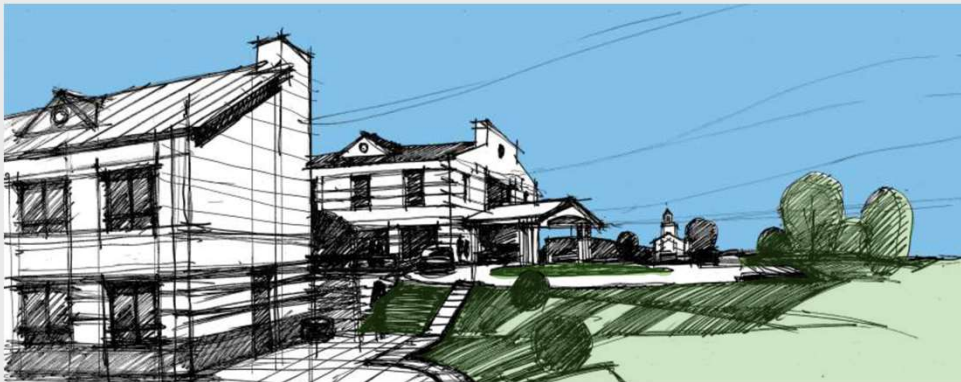


DELAWARE PSYCHIATRIC CENTER

- Established in 1889
- Fully self-sustaining providing agriculture, services, and utilities on the grounds
- Patients, doctors, and staff all residing on campus
- Consisted of over 50 buildings and structures
- Peak of 1,600 patients in the 1960s
- Major new construction projects completed 50 years ago
- Significant decline in patient population beginning in the 1970s



REPLACEMENT ATTEMPT



2004 Master plan for campus completed

2007 Completion of design, demolition,
geotechnical and utility surveys,
and asbestos abatement

CMS Inspection

Work stops

New Journal Series

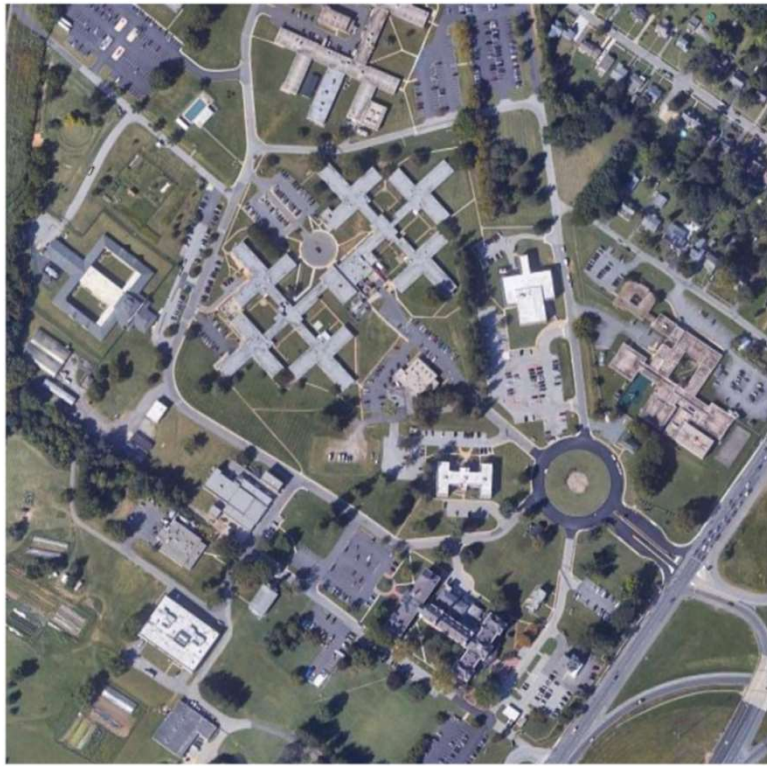
Task Force report

2008 A new plan for DPC requested

2009 Planning efforts abandoned



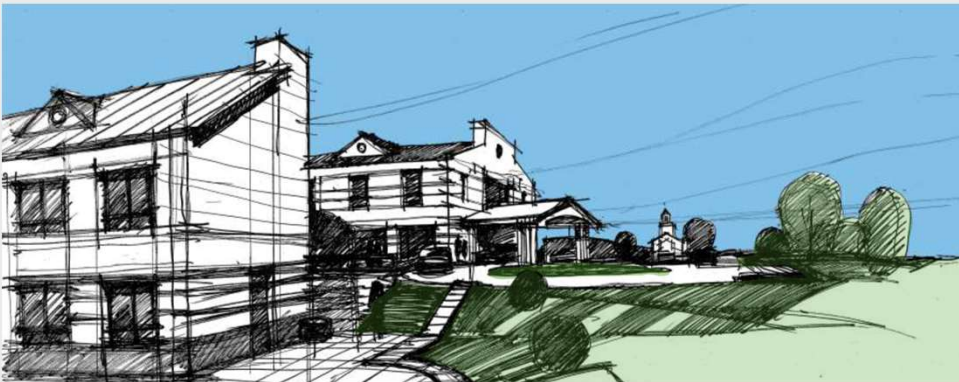
CURRENT STATUS



Building	Year Built	Age
Laundry	1973	50
Pool	1970	53
Sussex	1970	53
Kent	1968	55
Main Kitchen	1967	56
Warehouse	1955	68
Average Age		56



IMPETUS FOR NEW FACILITY



- The national suicide rate rose 30% from 2000 to 2020, and calls for suicide support and mobile crisis services are projected to continue increasing
- Need for appropriate space to serve publicly-funded clients with complex needs:
 - High acuity patients with physical aggression
 - Complex patient profiles with developmental disabilities
 - Gero-psych patients with serious mental illness and dementia
- The Behavioral Health Crisis Taskforce identified the strain on emergency departments due to lack of appropriate inpatient psychiatric hospital options for these populations



FEASIBILITY STUDY



AMERICAN RESCUE PLAN



- The Division received an ARPA grant to conduct a feasibility study to replace DPC



FEASIBILITY STUDY



The proposed Senate Concurrent Resolution would require:

- DSAMH will assess the feasibility of replacing DPC
- DSAMH will gather input regarding DPC's current and future needs
- DSAMH will submit a report by 12/31/23 detailing findings from the feasibility assessment of replacing DPC





DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

DSAMH OVERVIEW PRESENTATION

JOANNA CHAMPNEY, DIVISION DIRECTOR



BEHAVIORAL HEALTH CONSORTIUM MEETING

JANUARY 17, 2023



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health



PRESENTATION CONTENT



DSAMH Strategic Plan

Drug Overdoses

Suicide Prevention/Crisis Response

How Input from the Public is Solicited

Funding Overview



DSAMH STRATEGIC PLAN AREAS OF FOCUS



A HIGH-FUNCTIONING DSAMH

- Operational Excellence
- Consistent, Effective and Connected Leadership
- Resources Aligned with Goals of the Division and System

DELAWARE'S SYSTEM OF CARE

- Defined Core Services and Outcomes
- Coordination Across Systems and Within Communities
- Best Practice Models for System Design and Services
- Diversified Funding Streams

QUALITY & OVERSIGHT

- North Star Quality Measures
- Continuous Quality Improvement
- Oversight of Contracted Providers
- Cross-Agency Alignment

DELAWARE PSYCHIATRIC CENTER

- Modernized Facilities and Infrastructure
- Engaged Staff
- Improved Safety



REDUCING OVERDOSE RATES REMAINS A PRIMARY FOCUS



2020 Fatal Drug Overdoses- 447 deaths

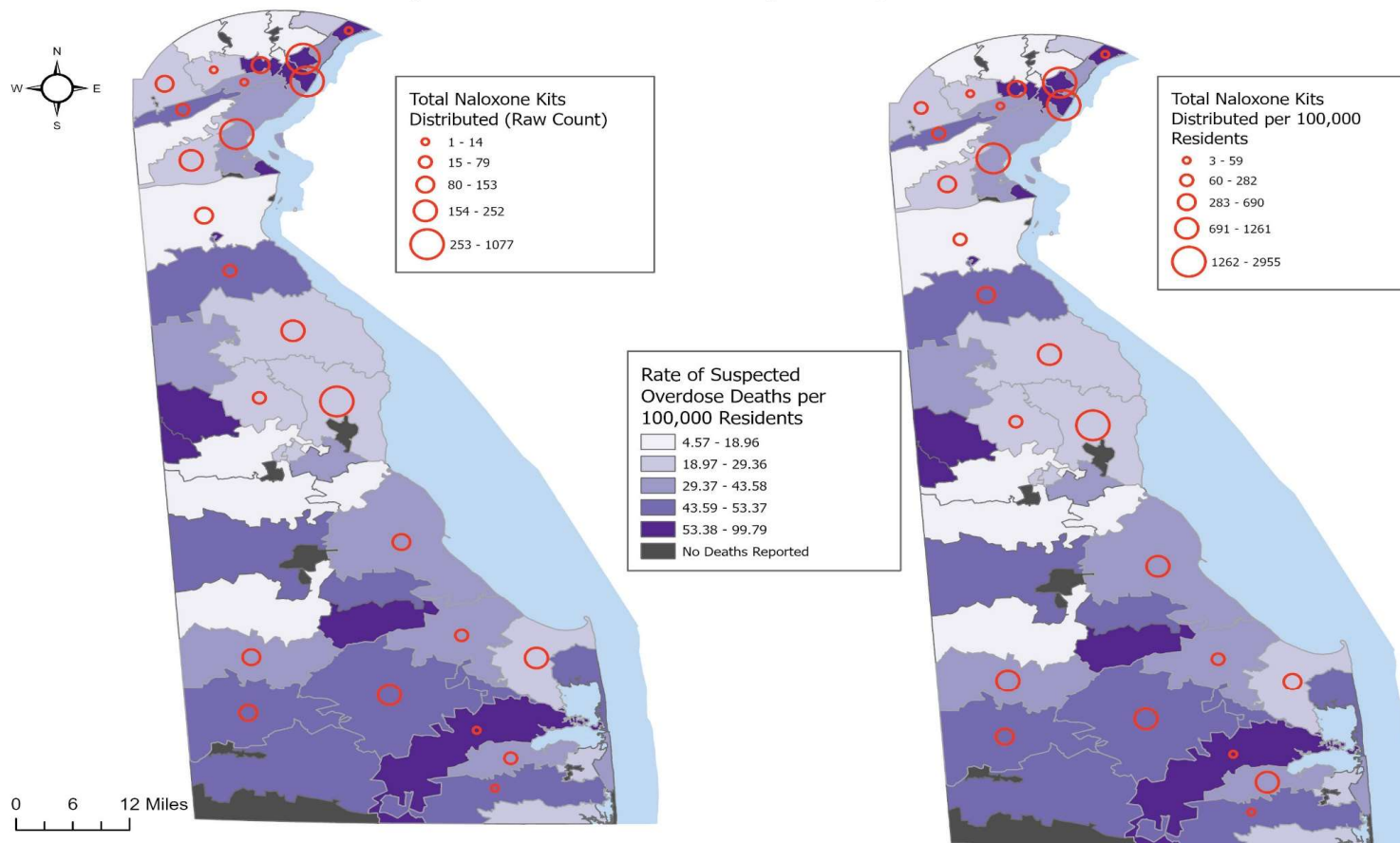
2021 Fatal Drug Overdoses- 515 deaths

15% Increase

**Fentanyl identified in 81% of overdose death
toxicology reports during last quarter of 2021**



Total Naloxone Kits Distributed (Raw Count and Rate per 100,000 Residents) by Event Zip Code with Rate of Suspected Overdose Deaths per 100,000 Residents



Data Sources: American Community Survey 5-year Estimates (2015-2019). Naloxone Distribution Data 2020. Death Investigation Alert (DIA) Data, 2020.

Data Limitations: Two hundred naloxone kit distributions were not mapped for event zip codes due to missing data/zip code issues. Note: Thirteen zip codes did not have data for suspected overdose deaths.



DSAMH OVERDOSE PREVENTION AND RESPONSE STRATEGIES



Overdose System of Care (OSOC)

Statewide Opioid Response Grant

Ongoing funding of Bridge Clinic, Police Diversion Program

Ongoing funding of sober living and treatment programs

Ongoing TAP Program to fund screening, referral, and innovations in treatment

Launch of Opioid Response Center in 2023

Training & professional development of providers & prescribers

Focus on special populations & partnerships to reach them



INCREASING SUD TREATMENT AND RECOVERY CAPACITY



Leveraging State Opioid
Response Grant

Expanding Treatment
System of Care
&
Social Determinants of
Health

Increasing Access to
MOUD



ORC DEPLOYMENT STRATEGY



Improving specificity and targeted approaches



Community outreach and Naloxone distribution

Today

- General statewide response

Future

- Add response to the region or neighborhood

Goal

- Add patient-specific and family response



LEVERAGING STATE OPIOID RESPONSE (SOR) GRANTS



SOR 2.0 Accomplishment Highlights

Grant term: 9/30/20-9/29/22

- 33000+ screened for SUD or tobacco
- 1600+ connected to MOUD
- 3500+ educated on MOUD
- 4000+ received counseling or consults
- 54% increase in DATA-waivered prescribers
- 200+ served by pre-arrest diversion
- 40+ new peer specialists trained
- 800+ rides through non-emergency medical transportation (NEMT)
- 65% (est.) students reached through prevention programming
- 16000+ Naloxone kits distributed

SOR 3.0 Plan Highlights

Grant term: 9/30/22-9/29/24

- Opioid Response Center
- Post-Overdose Response Teams
- Bridge Clinic Buprenorphine Initiation Program & Bridge Expansion
- Provider Funding Opportunities for ASAM Programs, Contingency Management, and New Programming that Facilitates Screening and Referral Pathways, Evidence-Based Practices, and Services to Special Populations
- Peer Services Expansion
- SDOH Programs
- Anti-Stigma and SUD Prevention Campaigns



REDUCING SUICIDE RATES REMAINS A PRIMARY FOCUS



In 2020, Delaware ranked 9th, with a suicide death rate of 12.3 per 100,000 total population, with 124 deaths by suicide.

Nearly 600 Delawareans died by suicide during 2014-2018.



SUICIDE PREVENTION / CRISIS RESPONSE FOCUS AREAS



988 Suicide Prevention Hotline

Strengthening Crisis Intervention Services (CIS)

Gun Shop Project

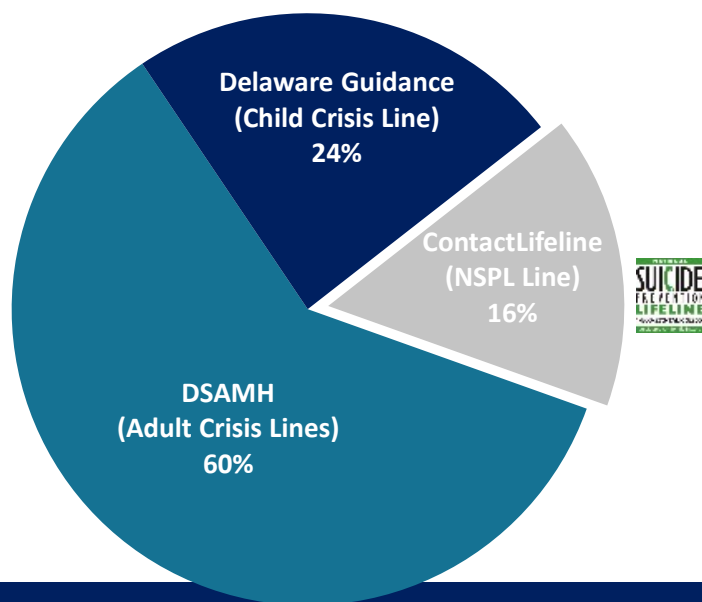
Expanding psychiatric partial hospitalization & community mental health services



BEHAVIORAL HEALTH CRISIS CALL VOLUME IN DELAWARE



BEHAVIORAL HEALTH CRISIS CALLS, 2021



ENTITY	CALLS in 2021	PER MONTH
ContactLifeline (NSPL line)	3,878	323
DSAMH Adult Crisis Lines	14,560	1,213
Child Crisis Line	5,788	482
Total	24,226	2,018



BEHAVIORAL HEALTH CRISIS CALL VOLUME IN DELAWARE



BEHAVIORAL HEALTH CRISIS CALLS, 2021

Delaware Guidance
(Child Crisis Line)

Projected for Year 1 of 988:

9,800 calls
6200 chats
400 texts

ENTITY	CALLS in 2021	PER MONTH
ContactLifeline (NSPL line)	3,878	323
DSAMH Adult Crisis Lines	14,560	1,213
Child Crisis Line	5,788	482
Total	24,226	2,018



CONSUMER FEEDBACK / ENGAGEMENT



- Responding to Complaints/Inquiries from Consumers
 - HOPE Line 933-9 HOPE DE
 - Consumer Complaint Line (855) 649-7944
 - Through direct outreach or from Governor's Office, Legislators, or other Public Officials
- Behavioral Health Planning & Advisory Committee
 - Requires that some participants have lived experience (also includes family members of those with lived experience)
- Formulation of Consumer Advisory Group
 - Component of DSAMH's strategic plan
 - Consumers will provide recommendations for quality measures to be used in new quality assurance initiative
- Focus Groups on Specialized Topics
 - Example: Consumers with substance use disorder & overdose survivors engaged for ORC planning



CURRENTLY AWARDED DSAMH GRANTS



- Mental Health
 - Community Mental Health Services Block Grant (CMHS) \$1.7M/yr
 - Promoting Integration of Primary and Behavioral Health Care \$2M/yr
 - 988 Cooperative Agreement (Crisis) \$708K over 2 years
 - MHAT- DeLCARES \$725K over 5 years
 - Bipartisan Safer Communities Act (CMHS) \$828K over 5 years
- Substance Use Disorder
 - Substance Abuse Prevention and Treatment Block Grant \$7.1M
 - State Opioid Response Grant \$74.4M over 2 years
- Co-occurring
 - PATH \$300K/yr
 - Emergency COVID 19 \$4.9M over 3 years
 - RCORP-BHCS \$2.5M over 4 years



CURRENTLY AWARDED DSAMH GRANTS



- Mental Health
 - Community Mental Health Services Block Grant (CMHS) \$1.7M/yr
 - Promoting Integration of Primary and Behavioral Health Care \$2M/yr
 - 988 Cooperative Agreement (Crisis) \$708K over 2 years
 - MHAT- DeLCARES \$725K over 5 years
 - Bipartisan Safer Communities Act (CMHS) \$828K over 5 years
- Substance Use Disorder
 - Substance Abuse Prevention and Treatment Block Grant \$7.1M
 - State Opioid Response Grant \$74.4M over 2 years
- Co-occurring
 - PATH \$300K/yr
 - Emergency COVID 19 \$4.9M over 3 years
 - RCORP-BHCS \$2.5M over 4 years



DSAMH FY 23 FUNDING (STATE FUNDS)



	Appropriated Special Funds	General Funds
(-10) Administration	\$60.0M	\$7,875.0M
(-20) Community Mental Health	\$2,305.0M	\$53,590.7M
(-30) Delaware Psychiatric Center	\$2,196.8M	\$34,513.8M
(-40) Substance Abuse	\$1,506.8M	\$22,480.1M
TOTAL -- Internal Program Units	\$6,068.6M	\$118,459.6M



Public Comments

11:50

Summary and Next Steps

NEXT MEETING: BHC QUARTERLY MEETING APRIL 18, 2023

ADJOURN